

# Natural Support Enhancements

This handbook has been developed to provide additional information to what is available in the *MRWP Policies and Procedures Manual*. The *MRWP Policies and Procedures Manual* is updated quarterly on the first days of January, April, July, and October. It is recommended that providers download copies from the website ([www.gph.georgia.gov](http://www.gph.georgia.gov)) each quarter to be aware of any changes that have been made.

This handbook will serve to provide technical assistance and answer specific questions and issues that have arisen pertaining to the delivery of natural support enhancement services. This handbook is a “work in progress”. It is anticipated that updates will be made periodically with sufficient time to make revisions to the *MRWP Policy and Procedures Manual*. A Committee comprised of stakeholders will be identified. This committee will meet on a regular basis and will have input into changes made to the handbook. When revisions are made to the handbook, regional offices will be notified and updates to this manual will be uploaded to the DHR web site.

## Natural Support Enhancement Services

Natural Support Enhancement Services (NSE) and Natural Support Therapies (NST) are **services** under the MRWP waiver. The policies for each of these services can be found in the MRWP Manual Chapters 1500 and 2000, respectively. This handbook provides additional information to supplement information available in the ***MRWP Policy and Procedures Manual***. In addition, all providers serving individuals through the MRWP waiver must be in compliance with the ***Core Requirements for All Providers***. All non-accredited providers must also be in compliance with the ***Additional Standards for Non-Accredited Providers***. ***Core Requirements for All Providers*** and ***Additional Standards for Non-Accredited Providers*** can be found in the MHDDAD Provider Manual.

The types of allowable services include:

- Respite
- Personal Supports
- Training or assistance in self-care skills
- Training or assistance in daily living skills
- Training or assistance in developing adaptive skills
- Training or assistance to foster participation in recreation and leisure activities
- Training or assistance to foster the development of social skills
- **Accessing medical / dental services (9/2004)**
- Training or assistance in money management
- Transportation
- Training or assistance in developing communication skills
- Support in behavior management
- Nutrition and diet assessment
- Futures Planning to assist in planning for major life changes
- Membership and other fees related to identified services
- Accessing and coordination of financial and life planning

An exhaustive listing is not believed to be appropriate because every individual and his/her support network has different needs and flexibility would be limited if a prescriptive list is created. **The person's individualized plan must define the services that are most appropriate for the individual and his/her support network.** The ISP team, which includes the individual and his or her support network, determines what services and supports are needed based on values, preferences, and specific needs of the individual at any given time. Services and supports are provided with attention to health and safety concerns. Every support and service must be identified in the ISP. **What is authorized for one person and their network may be different for another person.**

Natural Support Enhancement Services are activities and supports that result in achieving one or both of the following outcomes:

1. The individual with disabilities will develop new skills or receive the supports that facilitate their increased participation in activities in his/her life and community.
1. Members of the person's support network are increasingly able to provide quality supports that foster the inclusion of the individual in day to day life of the community.

Natural Support Enhancement Services target the individual and the network of people that surround and support the individual and may address the needs of the entire group. This is the most significant difference between this service and other services under the waiver. Both the individual's specific training needs and his / her network members' training needs are considered when the service plan and budget are created and authorized. The training targets the particular needs of the individual receiving services and the network member in supporting the individual served. An example: A network member needs a better understanding of the individual's behavioral issues and how to best respond to them.

**If the person receiving Natural Support Enhancement Services has a support network or the beginnings of a support network, this service may be appropriate. One of the goals may be to create or strengthen the support network. If there is no support network and appears to be little expectation of developing one, then NSE is not the appropriate service.**

The concept behind NSE is to expect that *the person's circle would take on responsibility to provide some of the supports* for which a traditional provider would typically be paid. This is why training and attendance for lessons, etc., is covered for members of the support network. **There is an expectation that a person's needs and associated ISP goals will change as he /she and the support network meet outcomes.** An example: If training were provided in a certain area such as swimming, the expectation would be that there would **not** be a need for continued swimming lessons for the individual. Possibly the individual would require less or no assistance from the staff person and the swim instructor would take on a support network role but staff would continue to provide transportation and assure that the individual attended swim class.

## Service Limitation

Individuals receiving Natural Support Enhancement Services **cannot** receive the actual services (specific **T-Code**s) of **Residential Training and Supervision, Personal Support or Respite**. However, they **may** receive personal supports and respite through Natural Support Enhancement services. For example, NSE will pay for respite services if respite is a need, but respite would not be identified as a separate service and **T-Code** on the Prior Authorization (PA). The Natural Support Enhancement **T-Code** would be the listed service on the PA and the Individual Support Plan would address respite as a service to be delivered. Any service other than Personal Supports or Respite needs to be billed with the appropriate **T-Code**. The total budget for all services and **T-Code**s on the prior authorization form cannot exceed the approved budgeted amount for the individual.

## Exclusions (In addition to those listed in the MRWP Provider Manual)

The following types of activities / services are typically excluded from coverage:

### Examples:

- The purchase or lease of cell phones and minutes.
- Computers such as desktop, personal computers (Computers necessary for operating communication devices may be covered.)
- Expensive recreational activities, examples: Season passes to major sporting events such as Hawks games; seasonal passes to parks such as Six Flags
- Attorney fees that are not directly related to the provision of NSE or goals of NSE
- Out of state camps
- Experimental medications or practices
- (9/2004) Educational and related services needed by children for whom the Department of Education is responsible for (i.e. private schools, ABA in school, school supplies, tutors)

## Exceptions

**There are exceptions to exclusions but there must be justification directly related to the individual's disability for the exception. Any exception requires documented approval by the Regional Office.**

## Cap for Natural Support Enhancement Services

- The actual Medicaid cap for NSE is \$20,000 annually. This means that no individual may receive any more than this amount; however each of the original Natural Support Enhancement slots was budgeted at \$11,907. This year there were a number of conversions from state dollars to waiver services. The conversions were all funded at different amounts.
- The total cost for all of the services must not exceed the individual total authorized amount for the waiver by the region. **The ISP Team may agree to use dollars authorized for Natural Support Enhancement services to purchase supplies and equipment.** The provider of supplies and equipment must have a Medicaid provider number to bill for each of these services. However if approved, there needs to be a separate **T-Code** used for Specialized Medical Supplies, Specialized Medical Equipment, and Environmental Modifications. All services need to be listed separately on the Prior Authorization.

## Units of Service (9/2004)

- Effective July 1, 2004, each recipient of NSE will receive 200 units of service. This is a needed accommodation for the new prior authorization process through the DHR's Waiver Information System. The unit rate will be individualized based upon the total dollar value of that individual's NSE authorization. The rate is obtained by dividing the annual budget by 200. Therefore, regardless of the amount of the annual budget, the number of units will always be 200.

### Examples:

1. If the annual NSE budget is \$11,907, the unit rate will be \$59.54
2. If the annual NSE budget is \$5,000, the unit rate will be \$20.00.
3. An example for when the team approves using NSE dollars for Medical supplies: If the annual budget is \$10,000, but also will be used to cover specialized medical supplies in the amount of \$1000, then the difference, \$9,000 is divided by 200 to get a unit of \$45.00.
4. An example for when the amount to be billed falls between units: If the unit rate is \$50 per unit and you have expenses of \$125, bill the 3 units to cover expenses and deduct the difference of \$25 from your next claim billed.

## Payer of Last Resort

- The provider is ultimately responsible for documenting funding payer of last resort. Examples of supporting documentation would include: documentation that the state Medicaid plan will not cover the item, or that prior approval through Medicaid is not possible. **Any team member can assist in facilitating this process, particularly in seeking donated services from companies and associations.** Documentation may include that civic organizations were solicited for a specific donation or that companies were asked to donate support (example: YMCA pass). Best Practice dictates that this would be documented in a progress note with supporting documentation, if available.

# Natural Support Enhancement Services Budgets

## Budgets

- The individual, members of the network of support, and support coordinator should all be invited to the meeting to develop the budget. Support network members may include: family, friends, neighbors, teachers, church members, paid staff members, etc. Support network members may or may not attend budget meetings. However, member's participation in planning individualized services is an essential component of NSE. **If there is a separate budget meeting, it is the responsibility of the ISP team to identify support network members who need to be included in the budget meeting.** If any of the identified network members chooses not to participate in the budget discussions, this must be documented in the ISP. It is required that the support coordinator attends the budget meeting.
- An annual budget with monthly increments is developed based on the number of hours of support and additional types of services needed and the type of staff needed to perform the tasks. Only items and services approved in the budget can be purchased. The provider must maintain itemized receipts of all purchases.
- It is up to the NSE provider to establish the cost of an individualized service. It is the role of the support coordinator to assist the family in finding a provider who can meet the individualized needs of the individual. If the person or family member of person receiving services is not satisfied with the individualized services or the quality of services a particular NSE provider is agreeing to provide, it is the responsibility of the coordinator to assist in finding other providers for that person. If diligent efforts to find a provider do not work because the allocated dollars do not appear to be sufficient, the Support Coordinator may contact the regional office and request their assistance in reviewing the budget and allocation.
- Regional Offices must have a copy of the budget submitted with the ISP for approval. The budget must distribute funds over the course of the year based on the chronology and fluctuating need for services during the year. Some variations are expected. Examples of this include higher costs over the summer for a school age child, or equipment being purchased.
- A new requirement effective July 1, 2004 is that the Support Coordinator is expected to conduct a monthly budget to billing review and to conduct a formal six month budget review. The provider is responsible for sharing this information with the support coordinator. The support coordinator is responsible for sharing any budget reviews with the provider. Changes will be made to the budget as needed and lapsing dollars identified.

- **If the needs of the individual change, a meeting needs to be held to revise the budget. During this meeting, the team may determine that the change in needs are significant enough to also warrant a change in services resulting in a need to revise the ISP as well.**
- If the budget is changing because funds are not being expended as originally planned but the **services are not changing**, an amended budget should be developed. For this type of change a meeting is not required. A telephone call from the Support Coordinator to the provider before making this budget change will be sufficient. For example, an individual has respite listed as a service, and a family emergency arises and more respite is used than planned for. Funds had not been expended as planned for whatever reason; the budget amendment can be made without a meeting, but with a phone call.
- In regions where the Intake and Evaluation (I&E) Team and Support Coordination are split, the I&E Team is responsible for writing the ISP, and they will be closely involved in building the budget. It is the Support Coordinator's responsibility to monitor the budget and ensure that expenditures align with Medicaid's rules. As stated above, if the services aren't changing, but the rate of expenditure is varying, a telephone call from the Support Coordinator to the provider before making this budget change will be sufficient. If the needs of the individual change, the Support Coordinator will initiate a team meeting to review and revise the ISP as needed.
- State grant in aid dollars, other than room and board, cannot be accessed to fund services identified in the ISP for individuals who are authorized to receive MRWP waiver services.
- Sample budgets are included in the handbook appendix

### **Administrative Charges**

- Administrative costs and overhead costs differ from provider to provider and are typically designated within the terms of the contract between the Provider and the Region. Appropriate charges for administrative and overhead costs should be based on sound standard accounting principles and procedures and typically range between 9% and 12% of billed services. (For example, if the contracted amount of administrative cost allowable is 10%, and you are charging \$200 for an individual's services for the month, the monthly budget would specify \$220 (\$200 plus \$20). **The actual costs of providing services must be the usual, reasonable, and customary.**
- Administrative costs must be billed in proportion to the value of services being billed, not in one lump sum at the beginning of the year.



- If an NSE provider chooses to subcontract, the standard administrative charges must cover both the provider and sub-contractor's fees if the sub-contractor requires an administrative fee.

## To Avoid Payback Situations

- There are many types of legitimate services and activities that are needed and would benefit the individual and/ or his natural support network. However, as stewards of federal and state monies, we must be concerned with how the purchase of some types of services or activities might be perceived by the public. Therefore there needs to be collaboration between the NSE providers and Support Coordinators in developing services to ensure that decisions to purchase certain services or items are commensurate with goals and policy intent of natural support enhancement services, adhere to proper processes, and are based on documented need in the ISP.
- **The purpose of Natural Support Enhancement services is to provide services that will support the individual's network to keep the individual in the community. Such services must be needed (not just wanted) because of the individual's disability or because of certain situations that exist due to the disability. The individualized service plan must clearly document this need. Services that respond to this need are customized to the unique circumstances of the individual. Therefore, a purchase deemed appropriate for one individual, may not be appropriate for another.**
- By assuring the link to the ISP, NSE providers can guard against paybacks. Documentation needs to include why the request is being made, how this is individualized for the person in question, and the request is *reasonable*. Medicaid typically will not pay for items that have not had a long track record with proven effectiveness.
- It is important to note that any medical or therapeutic intervention must have a physician's order.
- All providers must adhere to the record keeping standards. Records must be maintained to verify that a service did occur and that the service was appropriate to ISP. Service records must substantiate the services billed. For more information on documentation refer to Chapter 1100, Section 1102 and Chapter 1200, Section 1204 C in the Policies and Procedures for *MRWP Policies and Procedures Manual*.

## Sub-Contracting

- The NSE agency may deliver all of the services or elect to sub-contract components of the services and supports.
- The sub-contractor must comply with all the expectations such as licensure, adhering to established policies and procedures, etc that are expected of the primary contractor. The expectation is that services will be provided under licensure as dictated in core policies and by the state of Georgia. There must be a sub-contract relationship for personal supports and respite services. For other ancillary services, such as SME and SMS, a subcontract is not needed.
- Supporting documentation needed for billing will vary according to the type of service provided. If an agency is providing the sub-contracted service a copy of their business license is required. For other services, an agency may require verification of credentials from the sub-contractor. The provider manual establishes guidelines providers must adhere to in terms of required documentation. Criminal Record checks are required for any direct service professional such as: direct care staff, Support Coordinators, and all Intake and Evaluation staff. In addition, providers should follow their internal policy for obtaining information from employees or sub-contractors.

# NSE SERVICES AND SUPPORTS

## Respite

- MRWP providers that provide respite in the member's home must have a private home care provider license.
- The *Core Requirements for All Providers* require at minimum current CPR certification, a satisfactory criminal background screening, and at least 16 hours of training within the first 60 days and annually thereafter to enhance the ability to meet the needs of individuals serve.
- **Medicaid does not reimburse family members for providing direct support services unless there are extenuating circumstances. In situations with extenuating circumstances prior approval is obtained through the Department of Community Health. See Chapter 900 of the *MRWP Policy and Procedure Manual, Section 902, Exclusions and Special Conditions* for how to request consideration of extenuating circumstances.**

## Personal Supports

- Personal Support Services must be provided by a licensed private home care agency.
- **Medicaid does not reimburse family members for providing direct support services unless there are extenuating circumstances. In situations with extenuating circumstances prior approval is obtained through the Department of Community Health. There must be extensive documentation concerning the circumstances. When prior approval is given, these individuals must be employed by a licensed private home care agency and meet all criteria established by ORS, MHDDAD, and DCH. See Chapter 900 of the *MRWP Policy and Procedure Manual, Section 902, Exclusions and Special Conditions* for how to request consideration of extenuating circumstances.**

## Fostering Recreation and Leisure Activities

- It is the responsibility of the ISP team to determine how best to promote the individual's participation in recreational and leisure activities and to identify what supports the individual needs to make this happen. Participation in recreational and leisure activities may be fostered by supporting an individual to participate in activities that he/she has an interest in, meeting others with similar interests in a natural setting, and developing new skills and friendships. The support network may also support the individual with disabilities to join organizations and associations, and to have vital meaningful connections with the community.
- When Recreation and Leisure is included in the individualized plan these costs may be considered. Documentation must include attendance, and progress toward meeting goal. Resources of recreation and leisure activities include: County sponsored Parks and Recreation Activities, YMCAs, Faith Based Organizations, state parks, museums, Public Schools, and Colleges. The above organizations are great resources to further develop the support network and foster participation in the local community.
- If an individual needs personal supports and/or care in order to participate in recreational or leisure activities, these costs may be considered. For example, the team is recommending music lessons for an individual; the waiver may pay for the lessons. Another example, based on the individual's interest the team recommends a swimming class to assist an individual in learning to swim. The waiver may pay for the staff assistance that may be needed to assist the individual in integrating into a group YMCA swim class.
- **Exclusions:** Excessive recreational expenses, such as seasons tickets to major sporting events (Braves, Hawks), family passes for events, park passes for more than one vehicle or for an entire family
- **Training and support in recreation and leisure may cover camps that are within reason.** Again, look at the cost and whether the camp meets the goals. Typically, in-state camps are more likely to be considered reasonable. The provision of a personal attendant that would allow the individual to attend and fully participate in camp, if that is a documented need in the ISP, is a viable alternative to actually having NSE pay for the cost of the camp. This must be included in the ISP and NSE budget, and there must be documentation of attendance, ISP goal, and a progress note relating to the goal.
- While NSE will pay for recreational activities, it will not pay for vacations. If vacations are considered, there would need to be strong justification as to how this would be the only way to achieve the desired outcomes for the individual and his

supporting network. Prior approval by the regional office is required to avoid payback situations.

## Training and Support in Social Interaction and Activities

- Training and support in social interaction addresses the development of social skills. Social interaction includes activities related to developing meaningful relationships and interactions with others, developing vital connections with the community, and meaningful participation in the community. Again it is the responsibility of the ISP team to determine how best to provide training and support in this area. Cost and proximity of these services and other available funding need to be considered.

Examples of social interaction activities: an individual is enrolled in a swim class with staff assistance. In assisting the individual in integration, the staff is also working on developing social skills and facilitating social interaction with others in a natural environment. Another example: a support network member is interested in learning skills for community inclusion for an adolescent with autism. Emory Autism Center has a family seminar that addresses this issue. It would be appropriate for the network member to attend this seminar to develop skills in this area.

- **These activities need to be met in the most economical way. Are the services usual, customary, and reasonable? If the answer to this question is no, then more than likely the activities will not be approved.** If there were a question about this, it would be prudent to get prior approval from the Department of Community Health (through region and DHR) to assure that it would be reimbursed prior to the delivery of service.

## Accessing Medical / Dental Services (9/2004)

- Medical and dental services may be covered in situations where NSE, through the waiver, is the payer of last resort. The provider needs to maintain documentation that neither Medicaid or nor any other payer source would cover the expense. The need for this service must be addressed in the ISP, a goal established, and follow up documentation in place. The team needs to be in agreement that the medical / dental service is a priority need for the individual. Medical services must be for practices that are well established and for which there is scientific validity. Medicaid does not cover experimental treatments.

## Development of Money Management Skills

It is the responsibility of the ISP team to determine how best to promote money management skills and to identify what supports are needed to make this possible. Examples of training in this area include:

### Personal Training

- The development of money management skills is seen as a skill that will allow the individual to increase his/her independence. Money management as a service may occur through a person who trains the individual in budgeting.

### Software

- The intended outcomes and education to be gained from the use of software for money management must relate directly to the individual's ISP goals. The question was raised as to whether Quicken would be appropriate software to purchase. This may not be the best example of the type of software that would be approved because this program does not teach money management skills. It perhaps could be justified if set up in such a way that the individual could use it independently to manage his/her budget and expenditures.

### Ongoing Support

- For other individuals ongoing support is needed to manage funds.

## Transportation Costs

- Costs related to providing transportation for the individual to various appointments and events are appropriate. Also, if public transportation is an option, the cost associated with it may be considered as a legitimate cost. Paying a family member to provide such transportation is not allowed. Medicaid does not reimburse family members for providing direct support services unless there are extenuating circumstances. In situations with extenuating circumstances prior approval is obtained through DCH. This process is described in the MRWP *Provider Manual, Chapter 900, #902, page IX-1*. Transportation would also need to be an approved service in the ISP.
- Approved types of transportation can include rental cars, mileage reimbursement, and public transportation but only when associated with obtaining medical treatment, therapies, or activities as outlined and approved on the ISP and budget. Provider must show that other options (e.g. public transportation, carpooling, family-provided) had been considered and are unavailable. This would be documented in the ISP or a progress note by the support coordinator or provider.

## Training and Support in Communication Skills

### Devices

- **Augmentative communication devices may be covered if** there is supporting documentation from the appropriate professional, such as a speech therapist, and the need is addressed in the ISP with outcomes that meet the criteria. The state Medicaid plan must also first be exhausted.

### Software

- Computer software can be approved if it is required for the operation of the augmentative communication device or enhances the operation in a way that is deemed beneficial for the individual using the device. Such purchases require supporting documentation from a licensed professional and in the ISP must include related and appropriate outcomes that meet established criteria.

## Support in Behavior Monitoring and Management

- Behavioral assessment and support, such as Applied Behavioral Analysis (ABA) therapy, may be considered as acceptable expenses for Behavior monitoring and management. However, there must be an established behavior plan documented in the record with periodic reevaluation to determine the level of progress being made. This must be included on the ISP and there must be ongoing documentation of progress in meeting the established goals. If there is no progress, this service cannot continue to be reimbursed. A Developmental Disability Professional who has documented training in behavior management must administer the plan. The NSE provider must have a copy of the Developmental Disability Professional's credentials.

## Futures Planning

- Futures Planning is a separate process from the Person Centered ISP. The recommendation may be made for Futures Planning when an individual is going through a major life change, such as transitioning from school to adult services, moving into one's own home. The Futures Planning format needs to be consistent with either the *Person or Futures Planning* format of Beth Mount, Connie Lyle O'Brien and John O'Brien; or the *Essential Life Style* format of Michael Smull; or *Planning Alternate Tomorrows with Hope* (PATH). The need for Futures Planning must be identified in the ISP.

## Membership and Other Necessary Fees

- The individual receiving services must be working towards goals that are documented in the ISP in order for membership, activities, or lessons to be approved expenses. The documentation must include an attendance record and progress toward meeting the established ISP goals.
- Individual memberships to facilities (such as the YMCA, etc.) for a family member or a member of natural support network are covered **if** that person will be assisting the individual in working towards the outcomes identified in the ISP. However, if approached, a facility or organization will often waive the membership fees for a family member or a member of the natural support network. This needs to be documented in the ISP or in a progress note by the support coordinator or provider to show payer of last resort.

## Financial and Life Planning Services

- Financial and Life Planning services typically involve the development of savings plans and estate disbursement planning. Financial and Life Planning Services could be used for attorney fees or financial counseling fees associated with the development of a financial plan. Natural Support Enhancement Services for Financial and Life planning would be those that are pertinent to develop a plan that will establish how the individual who receives services will be supported when his/her support network is no longer able to provide the support currently being received. Relevant services that may be covered as a part of this can include, but are not limited to, consulting services to write a will for a support network member who wants to make a bequeathment to the individual or a living will for the individual, to set up a trust fund for the individual or other special savings or escrow account. However, individuals and their support networks are encouraged to exhaust all resources (such as pro bono clinics and non-profit community trusts) before resorting to NSE to cover these types of costs.
- **Exclusions: Attorney fees related to obtaining guardianship are excluded. The focus of natural support enhancement services is to build a network of individuals to support the individual in various aspects of the individual's life.**



## SPECIALIZED SERVICES

- Specialized Services (Specialized Medical Supplies, Specialized Medical Equipment, and Environmental Modifications) are not Natural Support Enhancement services, but separate waiver services. Specialized Services are included in this handbook because the ISP team may agree to use dollars authorized for Natural Support Enhancement services for the purchase of Specialized Services.
- Specialized Services include various devices, equipment, adaptations that are designed to enable individuals to interact more independently with their environment.
- The MRWP does not cover items that have been denied through the Durable Medical Equipment (DME) program and other programs for lack of medical necessity.
- Services through the Medicaid state plan must be exhausted prior to using specialized services through the waiver with associated documentation.
- **Items not covered by the State Medicaid Plan and for which need is documented may be provided under Specialized Services. The key is based on individual needs and medical necessity. See Chapter 1900 of the *MRWP Policy and Procedures Manual* for additional information on Specialized Services.**
- The need for services must be clearly documented in the ISP. There should be goals incorporating items that are purchased. For example, if an adaptive device, such as a switch, is identified as a need and is purchased to increase independence in turning on a radio, it is expected that there would be a training goal written towards the acquisition of this skill.
- Any combination of Specialized Services is possible under the waiver because each of these services is a separate service under the MRWP. A person receiving Natural Support Enhancement services can be authorized for any service under the waiver except those excluded through “Service Limitations”.

## Specialized Medical Supplies (SMS)

- Specialized Medical Supplies include items such as food supplements, special clothing, bed protective chucks and protective undergarments.
- SMS is a separate and distinct service under the MRWP.
- Prescriptions for medical supplies must be renewed yearly. This can be documented as simply as the provider preparing a list of medical supplies that the individual requires and the doctor signing and dating that the need still exists. Also any medical supplies needed must be identified in the ISP.

## Dietary

- There may be some unusual disorders or circumstances that would warrant the approval of nutritional supplements. **Georgia registered dietitians are the only people that can be reimbursed as authorized signatories and providers of dietary/nutritional supplies.** In a situation like this, documentation would be very important. Providers need to understand this general rule and understand that the risk of payback is greater with any exceptions to a general rule and should have sufficient documentation to support out-of-the-ordinary items.

## Supplements / Vitamins

- Supplements and vitamins must be pre-approved by the Department of Community Health. Some supplements can be paid under the regular Medicaid plan, especially for children. As with any items, the provider must first show that the state plan does not cover items in question.

Total reimbursement for Specialized Medical Supplies cannot exceed \$1659.84 per year.

## Specialized Medical Equipment (SME)

- Specialized Medical Equipment includes devices, assessments, or training needed to assist individuals with communication, environmental control, mobility, seating, bathing, transferring, and other skills. This may be a communication device, speech amplifier, control switches, a wheelchair, door opener, and side lyers.
- Specialized Medical Equipment is a separate and distinct service in the MRWP. An individual on the MRWP waiver is eligible for Specialized Medical

Equipment if all appropriate criteria are met. **Therefore a wheelchair may be considered an appropriate expense** but only after the state plan is exhausted.

- The waiver is the payer of last resort. Other funding sources need to be explored. For example, school age children may be able to obtain medical equipment through their Individual Education Plan. These services need to be accessed prior to waiver services.
- There is a lifetime cap on Specialized Medical Equipment of \$13,474.76 per individual.

## **Environmental Modifications**

- Physical adaptations to the individual's home may be necessary for several reasons. One reason would be to ensure the health, welfare, and safety of the person. Another reason would be to enable greater independence without which institutionalization would be required.
- Examples of Environmental Modifications may include: installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, installation of specialized plumbing and electric systems to accommodate the medical equipment and supplies necessary for the welfare of the individual.
- The individual's budget may include **\$5165**, Environmental Modifications if all appropriate criteria are met.
- The waiver is the funding of last resort. Other funding is available to improve accessibility of homes occupied by individuals with physical disabilities. For example, funding is available through the Department of Community Affairs, Home Access Program ([http://www.dca.state.ga.us/housing/home\\_access.html](http://www.dca.state.ga.us/housing/home_access.html)).
- The lifetime cap for Environmental Modifications is \$10,000.00.

## **Exclusions:**

- Environmental Modifications will only cover the costs of modifications that have direct medical or remedial benefit to the individual and do not increase the value of the property. For example, a bathroom may need to be modified to make it accessible. Environmental Modifications will not cover the aesthetic items such as wallpaper.

## Vehicle Adaptations

- The cost of adaptations to individual's vehicles may include: a lift, installation of the lift, ramps, special seats and other interior modifications to allow for access into and out of the vehicle, as well as for safety. The limit for vehicle adaptations is \$3,120.00 over a lifetime.

## Natural Support Therapies

- Natural Support Therapies are designed to give individuals the opportunity to access necessary and specialized treatment within their natural support network. Natural Support Therapies are physical therapy, occupational therapy, speech and hearing therapy, and nutritional services.
- Both Natural Support Enhancement and Natural Support Therapies are separate and distinct services under the waiver. It is not required that an individual receive one in order to receive the other.
- Again the team may agree to use allocated Natural Support Enhancement dollars for Natural Support Therapies. The provider must have a separate provider number for NSE therapies.
- As of January 2004, the state Medicaid plan has eliminated home based therapies.
- Natural Support Therapies require a physician's order.
- The provider must maintain all of the following documentation for NSE therapies:
  - The identified need for therapies
  - The frequency and duration of the therapy
  - Interventions to be provided by the therapist
  - Goals addressing the therapy
- The waiver is the payer of last resort. Other funding sources for children may include services through the Individual Education Plan or through Children's Medical Services.
- A **private home care license prohibits** sub-contracting for any in-home based therapies. Only providers who have a **Home Health Care license** can provide in-home based therapies. The only exception to this would be if a provider has both licenses, private home care and home health care, and the provider manages the two businesses as separate businesses with different staff providing the different services.
- For additional information on Natural Support Therapies see **Chapter 2000 of the Policies and Procedures for the MRWP Provider Manual.**

## **Differences in Waiver and Family Support Services (ex: Family Support, DD Family Support, MRWP Natural Support Enhancement, and Autism Family Support)**

- There are differences in both eligibility and intake processes; including:
  - How services are authorized, billed for and reimbursed, and
  - How service providers and support coordinators are selected and how budgets are developed.
- One overarching similarity is in the requirement of an ISP.
- See attached Comparison Chart (Appendix IV) and the Guidelines for Family Support funded with state Grant in Aid dollars. Provider Manual Guidelines give detailed rules for family support services beginning on Page III-D-1.